

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

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FISCAL IMPACT STATEMENT

LS 7142

BILL NUMBER: HB 1428

NOTE PREPARED: Jan 13, 2013

BILL AMENDED:

SUBJECT: Home and Community Based Services and Brain Injury Services.

FIRST AUTHOR: Rep. Saunders

BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: Pending

Summary of Legislation: This bill has the following provisions:

- (1) Establishes the Division of Brain Injury and Cognitive Rehabilitative Services (BICRS) within the Office of the Secretary of Family and Social Services Administration (FSSA) and sets forth BICRS's duties.
- (2) Establishes the Office of Client Rights and Protections (CRP) within BICRS.
- (3) Establishes the Program and Policy Review Advisory Committee.
- (4) Requires Medicaid to include traumatic brain injury services.
- (5) Requires the Office of Medicaid Policy and Planning (OMPP) to apply to the United States Department of Health and Human Services for a Medicaid waiver to provide brain injury services to individuals with traumatic brain injuries and other acquired brain injuries.
- (6) Requires the Division of Aging (DOA) to meet specified requirements in the distribution of funds for the Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE) to area agencies on aging (AAAs).
- (7) Specifies that funds that are appropriated to CHOICE:
 - (A) may not be used as a match for Medicaid waiver services or for any other purpose; and
 - (B) may not revert to the General Fund.
- (8) Specifies funds available for Home and Community Based Long Term Care Services (HCBS).
- (9) Requires the DOA to provide HCBS statewide and specifies that the services available must include the services included in the program on January 1, 2013.
- (10) Specifies that an individual who is eligible for HCBS must receive services specified in a care plan that has been agreed to by the individual unless the individual specifies in writing that the individual would like to receive care in a nursing facility or institutional setting.

- (11) Requires FSSA to eliminate the waiting list of eligible individuals seeking HCBS and requires an individual who was on the waiting list on July 1, 2013, to begin receiving HCBS by July 1, 2014.
- (12) Requires an eligible individual to receive HCBS services within 29 days after a determination of eligibility.
- (13) Allows an AAA to make the initial eligibility determination for specified programs.
- (14) Specifies conditions that must be met before an individual may be transitioned from HCBS to a nursing facility or institutional care.
- (15) Requires caregiver support in specified circumstances.
- (16) Requires the DOA to establish:
 - (1) an independent provider of home and community based services training and certification program;
 - (2) a statewide registry of independent HCBS providers;
 - (3) fiscal intermediary services to assist self-directed care individuals; and
 - (4) a self-directed care telephone hotline.

Effective Date: Upon passage; July 1, 2013.

Explanation of State Expenditures: *As of the above date, the fiscal analysis of this bill has not been completed. Please contact the Office of Fiscal and Management Analysis for an update of this fiscal impact statement.*

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected:

Local Agencies Affected:

Information Sources:

Fiscal Analyst: Bill Brumbach, 232-9559.